Department of HUMAN SERVICES

Integrated Health Home Workgroup Meeting May 25, 2022

May 25, 2022

Role Call

Format of Workgroup

- Discuss prior meeting (high level)
- Topic for the meeting
- Plan and expectations for next meeting

It is ok to ask questions during the meeting and between meetings. These questions and answers will be shared at the beginning of each meeting.

What is Our Why? What Do We Want to Accomplish?

- Identify how the Health Homes meet the provider standards set forth by the federal government as well as identify appropriate oversight of those standards.
- Develop a proposal for a payment methodology that is consistent with the goals of efficiency, economy, and quality of care. The rate will be developed according to the actual cost of providing each component of the service.
- Review member qualifications in order to propose qualifications that meets federal and state code.
- Update Health Home Services to reflect whole-person team based-care while reducing provider burden.
- Develop a Quality Improvement model that can be adopted by Integrated Health Homes.
- Develop a proposal to present to the State that encompasses all the forementioned goals.

Ground Rules

- You can respect another person’s point of view without agreeing with them.
- Respectfully challenge the idea, not the person and bring potential solutions.
- Blame or judgment will get you further from a solution, not closer.
- Honest and constructive discussions are necessary to get the best results.
- Listen respectfully, without interrupting.
- Listen actively and with an ear to understanding others' views. (Don’t just think about what you are going to say while someone else is talking.)
- Commit to learning, not debating. Comment in order to share information, not to persuade.
- Avoid blame, speculation, and inflammatory language.
- Allow everyone the chance to speak.

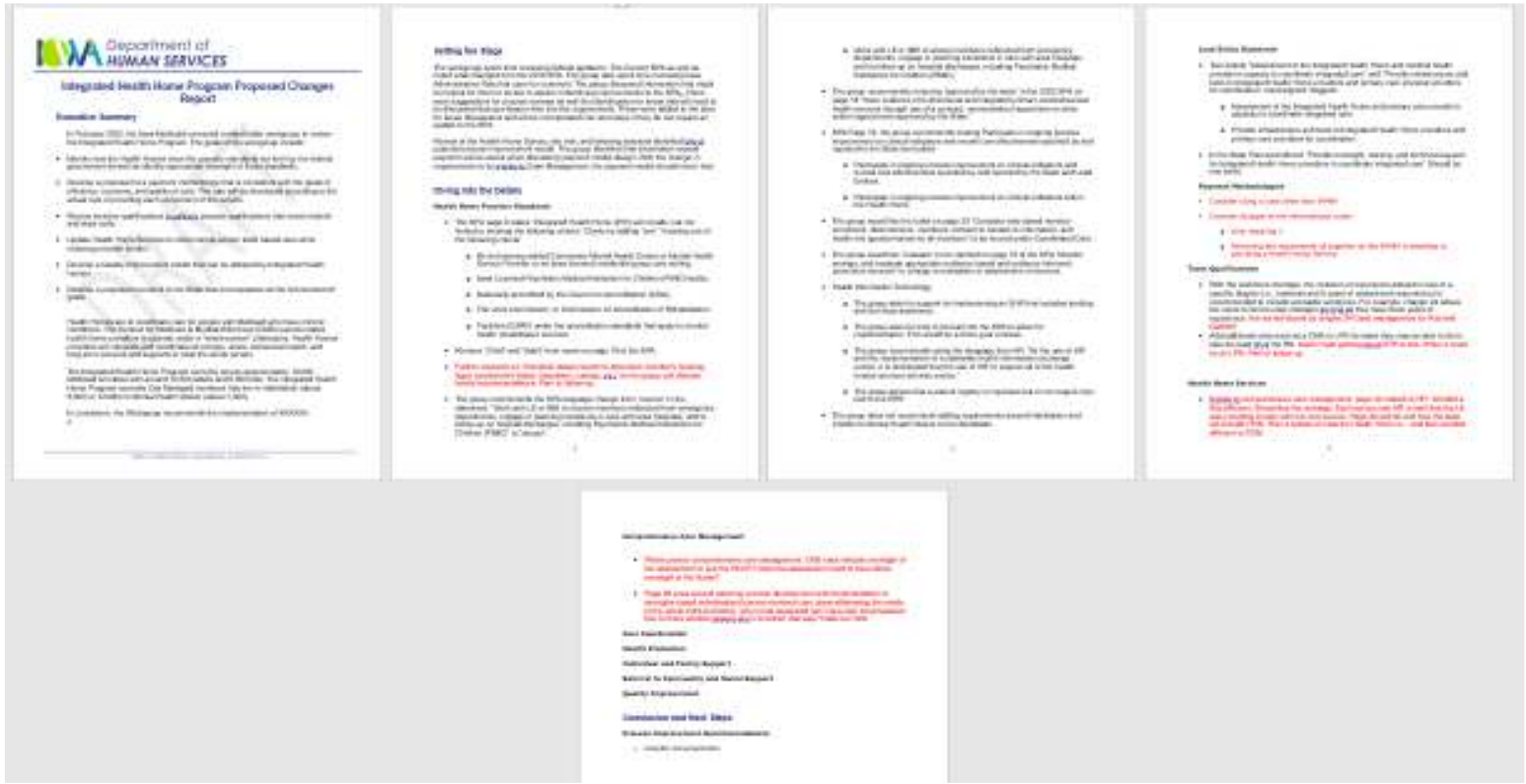
Objectives

- Review of Last Meeting and Workgroup Report
- Payment Methodologies
  - Health Home Services documentation on the claim.
  - 99490 and potential change.
- Member Qualifications
  - MCO/IME Support of Provider Enrollment Activities
  - How does CMH and Habilitation fit into this?
  - Address the LMHP requirement for FI (propose recommendations)
    - Multiple ask for records, incomplete records, refusing to share records.
    - Causes an access to Health Home Services barrier
    - Health Home doesn't want to turn away eligible members
    - Causing provider abrasion between LMHP and HH
    - Creates bottleneck
- Team Qualifications
  - Peer Training (age requirement, additional training, support needs of the IHH)

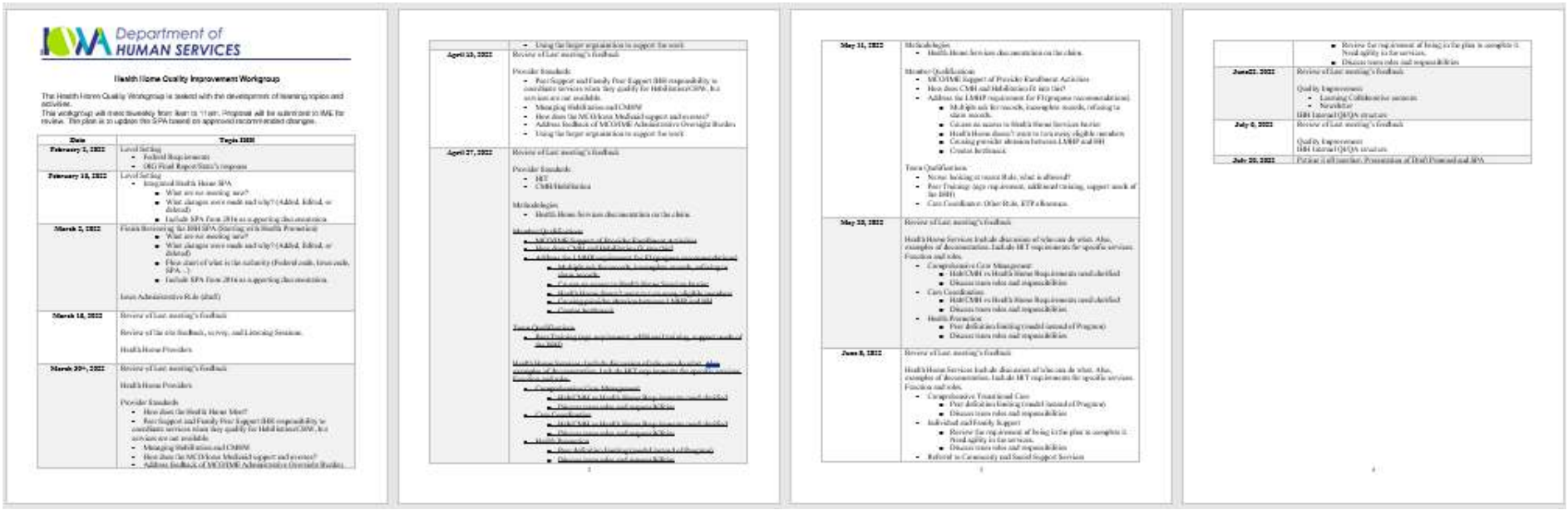
Last Meeting

- Completed brainstorming activity questions to assist in creating robust discussions for Provider Standards.
- Questions/Answers

Workgroup Report



Overview of the Timeline



Department of HUMAN SERVICES

Health Home Quality Improvement Workgroup

The Health Home Quality Workgroup is tasked with the development of learning topics and activities.

This workgroup will meet biweekly from 9am to 11am. Proposal will be submitted in XML for review. The plan is to update the SPA based on approved recommended changes.

Date	Topic HHH
February 2, 2022	Level Setting • Federal Requirements • OIG Final Report State's response
February 16, 2022	Level Setting • Integrated Health Home SPA ▪ What are we meeting now? ▪ What changes were made and why? (Added, Edited, or Deleted) ▪ Include SPA Form 2816 as supporting documentation
March 2, 2022	Finish Reviewing the HHH SPA (Starting on is Health Promotion) ▪ What are we meeting now? ▪ What changes were made and why? (Added, Edited, or Deleted) ▪ How short of what is the authority (Federal code, Iowa code, SPA...) ▪ Include SPA Form 2816 as supporting documentation Iowa Administrative Rule (draft)
March 16, 2022	Review of Last meeting's feedback Review of The site feedback, survey, and Listening Sessions. Health Home Providers
March 30th, 2022	Review of Last meeting's feedback Health Home Providers Provider Standards • How does the Health Home Met? • Peer Support and Family Peer Support (HH responsibility to coordinate services when they qualify for Habilitation/CHW, h.s services are not available. • Managing Habilitation and CHHW • How does the MCO/Iowa Medicaid support and reviews? • Address feedback of MCO/IME Administrative Oversight Burden

	• Using the larger organization to support the work
April 13, 2022	Review of Last meeting's feedback Provider Standards • Peer Support and Family Peer Support (HH responsibility to coordinate services when they qualify for Habilitation/CHW, h.s services are not available. • Managing Habilitation and CHHW • How does the MCO/Iowa Medicaid support and reviews? • Address feedback of MCO/IME Administrative Oversight Burden • Using the larger organization to support the work
April 27, 2022	Review of Last meeting's feedback Provider Standards • HIT • CMH/Habilitation Methodologies • Health Home Services documentation on the claim Member Qualification ▪ MCO/IME Support of Provider Enrollment Activities ▪ How does CMH and Habilitation fit into this? ▪ Address the LMHP requirement for FI (propose recommendation) ▪ Multiple sick for month, Incomplete month, refusing to claim month. ▪ Caution on access to Health Home Services for few ▪ Health Home doesn't exist to turn every eligible members ▪ Creating provider alignment between LMHP and HH ▪ Create Settlement Team Qualification ▪ Peer Training/Age requirement, additional training, support needs of the HHH Health Home Services: Include discussion of who can do what. Also, examples of documentation. Include HIT requirements for specific services. Function and roles. ▪ Comprehensive Care Management ▪ Hab/CMH vs Health Home Requirements and clarified ▪ Discuss team roles and responsibilities ▪ Care Coordination ▪ Hab/CMH vs Health Home Requirements and clarified ▪ Discuss team roles and responsibilities ▪ Health Promotion ▪ Peer definition/limiting (model instead of Program) ▪ Discuss team roles and responsibilities
May 11, 2022	Methodologies • Health Home Services documentation on the claim Member Qualification • MCO/IME Support of Provider Enrollment Activities • How does CMH and Habilitation fit into this? • Address the LMHP requirement for FI (propose recommendation) ▪ Multiple sick for month, Incomplete month, refusing to claim month. ▪ Caution on access to Health Home Services for few ▪ Health Home doesn't exist to turn every eligible members ▪ Creating provider alignment between LMHP and HH ▪ Create Settlement Team Qualification • Nurse locking at vacant Rule, what is allowed? • Peer Training/Age requirement, additional training, support needs of the HHH • Care Coordinator: Other Role, ETP allowances
May 25, 2022	Review of Last meeting's feedback Health Home Services: Include discussion of who can do what. Also, examples of documentation. Include HIT requirements for specific services. Function and roles. • Comprehensive Care Management ▪ Hab/CMH vs Health Home Requirements and clarified ▪ Discuss team roles and responsibilities • Care Coordination ▪ Hab/CMH vs Health Home Requirements and clarified ▪ Discuss team roles and responsibilities • Health Promotion ▪ Peer definition/limiting (model instead of Program) ▪ Discuss team roles and responsibilities
June 8, 2022	Review of Last meeting's feedback Health Home Services: Include discussion of who can do what. Also, examples of documentation. Include HIT requirements for specific services. Function and roles. • Comprehensive Transitional Care ▪ Peer definition/limiting (model instead of Program) ▪ Discuss team roles and responsibilities • Individual and Family Support ▪ Review for requirement of being in the plan is complete ii. Need agility in the services. ▪ Discuss team roles and responsibilities • Referral to Community and Social Support Services

	▪ Review for requirement of being in the plan is complete ii. Need agility in the services. ▪ Discuss team roles and responsibilities
June22, 2022	Review of Last meeting's feedback Quality Improvement • Learning Collaborative sessions • Newsletter HH Internal QI/QA structure
July 6, 2022	Review of Last meeting's feedback Quality Improvement HH Internal QI/QA structure
July 20, 2022	Partner Call (member, Presentation of Draft Protocol and SPA

Documents for Today

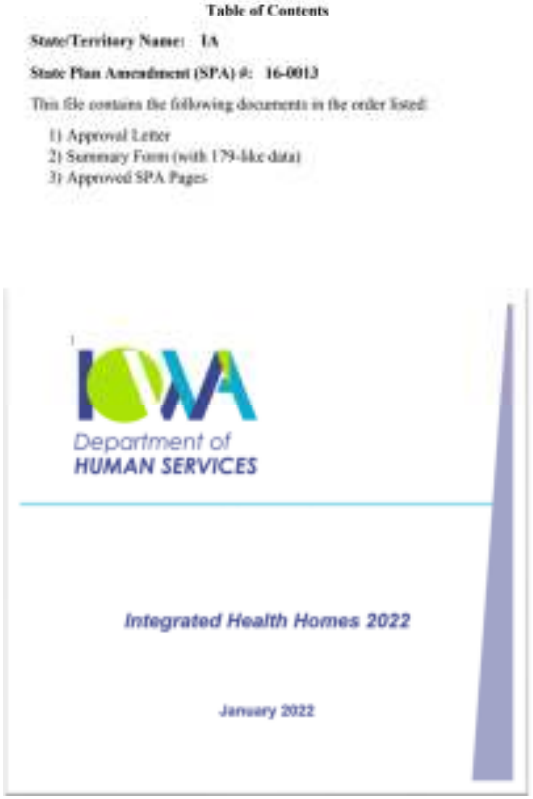


Table of Contents

State/Territory Name: IA

State Plan Amendment (SPA) #: 16-0013

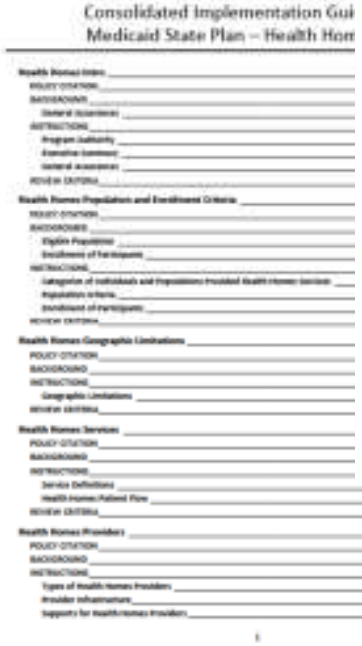
This file contains the following documents in the order listed:

1) Approval Letter
2) Summary Form (with 179-like data)
3) Approved SPA Pages

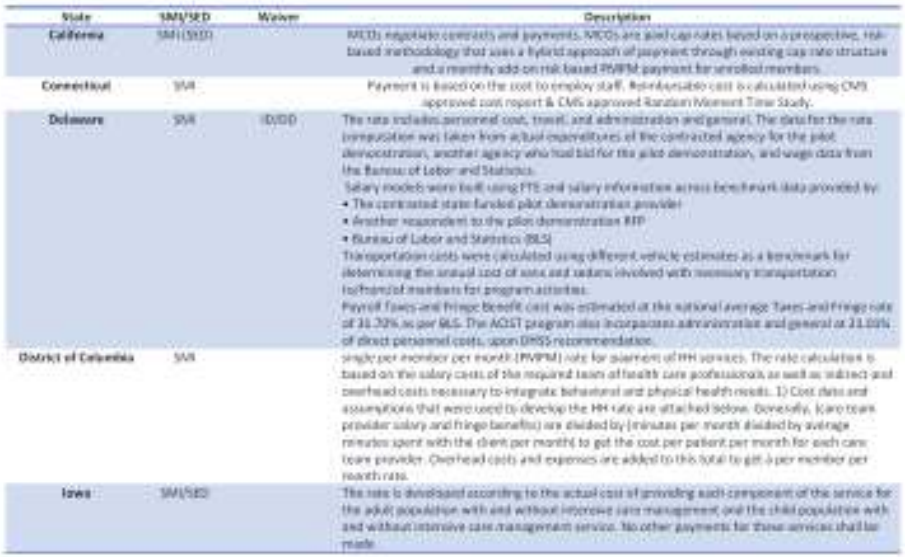
Department of HUMAN SERVICES

Integrated Health Homes 2022

January 2022



Consolidated Implementation Gui
Medicaid State Plan – Health Hon



State	SMI/SED	Waiver	Description
California	SMI (SED)		MCOs negotiate contracts and payments. MCOs are paid cap rates based on a prospective, risk-based methodology that uses a hybrid approach of payment through existing cap rate structure and a monthly add-on risk based PMPM payment for enrolled members.
Connecticut	SMI		Payment is based on the cost to employ staff. Reimbursable cost is calculated using CMS approved cost report & CMS approved Random Moment Time Study.
Delaware	SMI	I/DDD	The rate includes personnel cost, travel, and administration and general. The data for the rate computation was taken from actual expenditures of the contracted agency for the pilot demonstration, another agency who had bid for the pilot demonstration, and wage data from the Bureau of Labor and Statistics. Salary models were built using FTE and salary information across benchmark data provided by: • The contracted state funded pilot demonstration provider • Another respondent to the pilot demonstration RFP • Bureau of Labor and Statistics (BLS) Transportation costs were calculated using different vehicle estimates as a benchmark for determining the annual cost of vans and sedans involved with necessary transportation to/from/of members for program activities. Payroll Taxes and Fringe Benefit cost was estimated at the national average Taxes and Fringe rate of 31.70% as per BLS. The ACOT program also incorporates administrative and general at 33.00% of direct personnel costs, upon DHSS recommendation.
District of Columbia	SMI		single per member per month (PMPM) rate for payment of HH services. The rate calculation is based on the salary costs of the required team of health care professionals as well as indirect and overhead costs necessary to integrate behavioral and physical health needs. 1) Cost data and assumptions that were used to develop the HH rate are attached below. Generally, (care team provider salary and fringe benefits) are divided by (minutes per month divided by average minutes spent with the client per month) to get the cost per patient per month for each care team provider. Overhead costs and expenses are added to this total to get a per member per month rate.
Iowa	SMI/SED		The rate is developed according to the actual cost of providing each component of the service for the adult population with and without intensive care management and the child population with and without intensive care management service. No other payments for these services shall be made.

Follow-up Items

- Health Home Provider Standards
  - Further research on “Complete status reports to document member's housing, legal, employment status, education, custody, etc.” so the group can discuss formal recommendations. Pam to follow-up.
- Potentially replacing the 99490 with a less burdensome code
- Informational codes
  - Removing requirement
  - Requiring only one code
  - Potentially replacing informational codes with a report to IME that identifies services provided

Member Qualifications

Member Qualifications

- 1 serious and persistent mental health condition, per the state's defined chronic condition eligibility criteria
- Enrollment must be documented by the provider, and that documentation should at a minimum indicate that the individual has received required information explaining the Health Homes program and has consented to receive the Health Homes services noting the effective date of their enrollment.
- The state will need to make sure that the Health Homes providers maintain documentation indicating that the individual has, in fact, enrolled and given consent to participate in the Health Homes program. This documentation should, at a minimum, indicate that the individual has received required information explaining the Health Homes program and the date that the individual enrolled in the program. Documentation of the individual's enrollment, and of any subsequent disenrollment, must be maintained in the enrollee's health record by the Health Homes provider. The Health Homes provider should notify the state of the disenrollment and cease Health Homes billing for the disenrolled person.

Additional Discussion Questions

- LMHP for FI (What is SPA update vs process improvement)
  - Multiple asks for records, incomplete records, or refusing to share
  - Causes a barrier to accessing Health Home Services
  - Provider abrasion created a bottleneck

Team Qualifications

Team Qualifications

Federal Requirements: States will need at a minimum, to include a designated provider or team of health care professionals that includes, employs, contracts with, or otherwise has access to interdisciplinary teams that consist of the following:

- Primary care physician/nurse practitioner (Lead Entity)
- Nurse
- Behavioral health care provider (Lead Entity but could be at the IHH as well)
- Social work professional
- Other providers appropriate for the condition of the enrollees
  - Lead Entity
  - Peer
  - Family Peer Support

Additional Discussion Questions

- Reviewing Rule for Nurse, what recommendations would you make for this role?
- Reviewing Rule for Care Coordinator, what recommendations would you make for this role? (Include CMH/Habilitation Requirements)
- Reviewing Rule for Peer Support and Family Peer Support Specialist, what recommendations would you make for this role? (I did ask DHS to weigh in on this)

Health Home Services

Format of Reviewing HHS

Each HHS has four sections

- Definition
- Health Information Technology
- Benefit/Service can be provided by…
- Description (Who can do what under this HHS)

Be ready to provide thoughts and feedback on each section based on Federal guidance and the scope (State) of each role.

Next Steps

- Review of this meeting's feedback
- Review Updated Workgroup Report
- Health Home Services
  - Include discussion of who can do what and examples of documentation.
  - Include HIT requirements for specific services.
  - Function and roles
  - Hab/CMH vs Health Home Requirements need clarified